

Consent Form for Release of Academic Information

I, , hereby authorize to release my academic information to:

Recipient Name:

Relationship to Student:

Address:

The academic information to be released includes:

- ☐ Academic Transcript
- ☐ Grades
- ☐ Attendance Records
- ☐ Other (please specify):

Purpose of Release:

I understand that this consent is voluntary and I may revoke it at any time by written notice.

Student Signature:

Date:

Parent/Guardian Signature (if student is under 18):